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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Oti	ner I nan An	Autnorize	ea Commi	ittee		Office Use	Only	
1.			C MAILING LAI		xample:If typi ver the lines	ng, type		• • • • • •		
Ш	National Association of Mutua	al Insuran	ce Companies F	PAC					1 1 1	
L										
A <u>D</u>	DRESS (number and street)	3601	Vincennes Road	t L		1 1 1 1 1	1 1 1 1		1 1 1	
_	Observative and the second	I PO B	ox 68700		1 1 1		1 1 1 1		1 1 1	1
L	Check if different than previously reported. (ACC)	Indiar	napolis				LIN	462	268	
2.	FEC IDENTIFICATION NUM	BER	~	CITY 🛦			STATE	Z	IPCODE	A
	C00170258			3. IS THIS REPOR	T X	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	. ,	Monthly Report Due On:	Feb 20 (M2		May 20 (M5) Jun 20 (M6)	H	Aug 20 (M8) Sep 20 (M9)	De (N	ov 20 (M11) on-Election ear Only) ec 20 (M12) on-Election ear Only)
	_			Apr 20 (M4	ł)	Jul 20 (M7)		Oct 20 (M10)		n 31 (YE)
	April 15 Quarterly Report(Q		a) 10 Day	$\overline{\Box}$		OD)			D.	meff (10D)
	X July 15 Quarterly Report(Q	Ι,	c) 12-Day PRE -Election		Primary (1		=	eral (12G)	nı	unoff (12R)
	October 15 Quarterly Report(Q3)	3)	Report for t	he:	Convention	n (12C)	Spec	ial (12S)		
	January 31 Quarterly Report(YE	≣)		Election on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	' `		,		General (30G)	Runoff (30R)		Sp	Special (30S)
	Termination Report (TER)			Election on			• •		in the State of	Ċ
5.	Covering Period 0 5	2	20 201	0	through	0 6	30	2010		
	rtify that I have examined this F	•		ny knowledge	and belief it	is true, correct	and comple	ete.		
Тур	e or Print Name of Treasurer	Gre	gg Dykstra							
Sig	nature of Treasurer Electror	nically File	ed by Gregg [Dykstra			Date	0 7 1 5	20	10
NO	TE : Submission of false, error	neous, or	incomplete infor	mation may s	ubject the pe	erson signing th	is Report to	the penalties c	of 2 U.S.C	437g.
	Office Use							1	FORM (3X

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$

Transaction ID:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 3 / 56

Write or Type Committee Name National Association of Mutual Insurance Companies PAC [®]D 05 20 2010 0.6 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 100241.13 January 1 (b) Cash on Hand at 151849.33 Begining of Reporting Period 21126.06 161789.99 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 172975.39 262031.12 6(a) and 6(c) for Column B) 159384.66 70328.93 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 102646.46 102646.46 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 56

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From: 0 5

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м м 0 6 ^D 30

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Co	ontributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	14659.57	95727.06
	(ii) Unitemized	5932.49	43965.54
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20592.06	139692.60
(b) Political Party Committees	0.00	0.00
(c)	(such as PACs)	500.00	17000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21092.06	156692.60
	ansfers From Affiliated/Other arty Committees	0.00	0.00
3. Al	Loans Received	0.00	0.00
	oan Repayments Receivedfisets To Operating Expenditures	0.00	0.00
(C	efunds, Rebates, etc.) earry Totals to Line 37, page 5) efunds of Contributions Made	0.00	0.00
	Federal candidates and Other litical Committees	0.00	5000.00
	ther Federal Receipts ividends, Interest, etc.)	34.00	97.39
3. Tr	ansfers from Non-Federal and Levin Funds		
(a)	Non-Federal Account (from Schedule H3)	0.00	0.00
(b)) Levin Funds (from Schedule H5)	0.00	0.00
(c)	Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	tal Receipts (add Lines 11(d), , 13, 14, 15, 16, 17, and 18(c))	21126.06	161789.99
	tal Federal Receipts ubtract Line 18(c) from Line 19)	21126.06	161789.99

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 56

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	328.93	784.66
	Expenditures(c) Total Operating Expenditures	020.00	7055
	(add 21(a)(i), (a)(ii) and (b))	328.93	784.66
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	69500.00	158000.00
24.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	100.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	500.00	F00.00
	(such as PACs)	500.00	500.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	600.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	70328.93	159384.66
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	70328.93	159384.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 56

	ibutions/Operating iditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions from Line 11(d), pa	(other than loans)	21092.06	156692.60
34. Total Contribution F (from Line 28(d))	Refunds	500.00	600.00
 Net Contributions (c (subtract Line 34 fr) 	other than loans) om Line 33)	20592.06	156092.60
36. Total Federal Opera (add Line 21(a)(i) a	ating Expenditures and Line 21(b))	328.93	784.66
37. Offsets to Operatin (from Line 15, page	g Expenditures 3)	0.00	0.00
38. Net Operating Expe	nditures	328.93	784.66

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	nd Statements may not be sold or used by any pers the name and address of any political committee to urance Companies PAC	
Full Name (Last, First, Middle Initial) Todd E. Albert Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111 C Occupation VP of Information Systems Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: C9DA7B759A9E3BDA03 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Todd E. Albert Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111 C Occupation VP of Information Systems Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D O 8 / 2 0 1 0 Transaction ID: CC0321CA8CFFE3F89B Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Todd E. Albert Mailing Address PO Box 111 City Bucyrus FEC ID number of contributing federal political committee. Name of Employer Ohio Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code OH 44820-0111 C Occupation VP of Information Systems Aggregate Year-to-Date 300.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	J)	75.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Neil Aldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n ice President - State and Po e Year-to-Date 468.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: EF179D82EC427F973C6 Amount of Each Receipt this Period 39.00
В.	Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n ice President - State and Po e Year-to-Date 468.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 6BBCC8D2C524EFAC57E Amount of Each Receipt this Period 39.00
С.	Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n ice President - State and Po Year-to-Date ▼ 468.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 6 1 8 2 0 1 0 Transaction ID: 97A9EC4A5A465D4B1DC Amount of Each Receipt this Period 39.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)	117.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur-	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	
Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Senior VP - Member Services & Com Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: F8D1D9610306FC611E Amount of Each Receipt this Period 20.00 munic
Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of	State Zip Code IN 46268-0700 C Occupation Senior VP - Member Services & Com	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 240.00	
John S. Benson Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation President & COO Aggregate Year-to-Date 1615.46	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		155.39

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any perso the name and address of any political committee to rance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation President & COO Aggregate Year-to-Date 1615.46	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation President & COO Aggregate Year-to-Date 1615.46	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stuart R. Birn Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation First Vice President, Secretary & Gen Aggregate Year-to-Date 360.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	290.78

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insuran			n for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Stuart R. Birn Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48909-8160 In e President, Secretary & Gen e Year-to-Date ▼ 360.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: CB4255A610A76EAF28E Amount of Each Receipt this Period 60.00
	Full Name (Last, First, Middle Initial) Bob I. Buchanan Mailing Address 6101 Anacapri Bouleva City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Vice Pres	Zip Code 48917-3968 on sident-Applications Developm e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: D6DEEC01A64723C4B5 Amount of Each Receipt this Period 40.00
	Full Name (Last, First, Middle Initial) John A. Bykowski Mailing Address PO Box 819 City Appleton FEC ID number of contributing federal political committee. Name of Employer SECURA Insurance, A Mutual Company Receipt For: Primary General Other (specify)	State WI C Occupatio Presiden Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 42C1B562BFD0C9A42A6 Amount of Each Receipt this Period 2500.00
	SUBTOTAL of Receipts This Page (optional)		·····	2600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 56 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General	State IN C Occupation Presiden Aggregate		Date of Receipt M M M
– В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address Box 68700 City	State	Zip Code	Date of Receipt M M D D D Y Y Y Y Y Y Y
	Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	C Occupation Presiden	46268-0700	Amount of Each Receipt this Period 90.00
_ C.	Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of	State IN C		Date of Receipt M M
Γ	Mutual Insuran Receipt For: Primary General Other (specify) ♥		e Year-to-Date ▼ 1080.00	270.00
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			270.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 56 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to cance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda Church Mailing Address PO Box 708 City Houston FEC ID number of contributing federal political committee. Name of Employer Mound Prairie Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MN 55943-0708 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 2 9 2 0 1 0 Transaction ID: 691525F2D075C92458 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Darwin G. Copeman, CPCU Mailing Address PO Box 468 City Neenah FEC ID number of contributing federal political committee. Name of Employer Jewelers Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 54957-0468 C Occupation President & CEO Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 0 1 2 0 1 0 Transaction ID: 97F3754DA5E5C9923A Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Darwin G. Copeman, CPCU Mailing Address PO Box 468 City Neenah FEC ID number of contributing federal political committee. Name of Employer Jewelers Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code WI 54957-0468 C Occupation President & CEO Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: C40FA65A89A1B7631I Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/56 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) National Association of Mutual I	s and Statements may not be sold or used by any personal sing the name and address of any political committee to insurance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tom Danielson Mailing Address PO Box 708 City Houston FEC ID number of contributing federal political committee. Name of Employer Mound Prairie Mutual Insurance Company Receipt For: Primary Other (specify)	State Zip Code MN 55943-0708 C Occupation Director Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rebekah L. Deters Mailing Address PO Box 207 City Teutopolis FEC ID number of contributing federal political committee. Name of Employer Home Farmers Mutual Fire Insurance Com Receipt For: Primary General Other (specify)	State Zip Code IL 62467-0207 C Occupation Office Manager Aggregate Year-to-Date 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Robert Detlefsen, PhD Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Public Policy Aggregate Year-to-Date 405.00	Date of Receipt M M M / D D A 2 4 2 0 1 0 Transaction ID: 100C845870F3E262426 Amount of Each Receipt this Period 45.00
SUBTOTAL of Receipts This Page (opt	onal)	545.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any personante name and address of any political committee to trance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Detlefsen, PhD Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Public Policy Aggregate Year-to-Date 405.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 37E07560D0A0B95EF1 Amount of Each Receipt this Period 45.00
Full Name (Last, First, Middle Initial) Robert Detlefsen, PhD Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Public Policy Aggregate Year-to-Date 405.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles W. Drier Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Regional VP Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M / D D / Y Y Y Y Y O 5 28 2010 Transaction ID: 428FC25B7FCEB6D899 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	140.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 56 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles W. Drier Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Regional VP Aggregate Year-to-Date 300.00	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Chief Operating Officer Aggregate Year-to-Date 426.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Chief Operating Officer Aggregate Year-to-Date 426.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		132.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Association of Mutual Ins	and Statements may not be sold or used by any person g the name and address of any political committee to surance Companies PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregg A. Dykstra, J.D. Mailing Address Box 68700 City	State Zip Code	Date of Receipt M M
Indianapolis FEC ID number of contributing federal political committee.	IN 46268-0700	Amount of Each Receipt this Period 41.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 426.00	
Full Name (Last, First, Middle Initial) Fred A. Edmond, CPCU, CIC Mailing Address One Mutual Avenu	ie	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C6E0A5F3AC008C3808
<u>Frankenmuth</u>	MI 48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 538.58	
Full Name (Last, First, Middle Initial) Fred A. Edmond, CPCU, CIC Mailing Address One Mutual Avenu	ie	Date of Receipt
City	State Zip Code	0 6 1 0 2 0 1 0 Transaction ID: E6B79DDF1B899F0CE
<u>Frankenmuth</u>	MI 48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.47
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For:	Occupation Vice President Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	538.58	
SUBTOTAL of Receipts This Page (option	nal)	117.94

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 56 (check only one) X 11a
or for commercial p	oied from such Reports and Surposes, other than using the MITTEE (In Full) pociation of Mutual Insurar	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Fred A. Edmond,	of contributing committee.	State MI C Occupation Vice Pres		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Paul Ehlert	ver Mutual Insu- General	State TX C Occupation Vice Pres		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: F72896275CC89DE0AE Amount of Each Receipt this Period 500.00
Full Name (Last David B. Emerso Mailing Address City New Berlin FEC ID number federal political of Preferred Mutual Company Receipt For: Primary Other (spe	of contributing committee.	State NY C Occupation Director Aggregate	Zip Code 13411-1800 n • Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 6 15 2010 Transaction ID: AD740D863ABD694924 Amount of Each Receipt this Period 500.00
SUBTOTAL of Re	eceipts This Page (optional)			1038.47

ed from such Reports an arposes, other than using MITTEE (In Full) ciation of Mutual Insuffication of	State MI C Occupatio Manager	zip Code 48909-8160	Date of Receipt Transaction ID: C9995081F3449F5DC41 Amount of Each Receipt this Period Date of Receipt Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt
First, Middle Initial) PO Box 30660 of contributing ommittee. er urance Com- General cify) First, Middle Initial)	State MI C Occupation Manager Aggregate	Zip Code 48909-8160 on r-Project Research & Coord e Year-to-Date ▼ 300.00	Transaction ID: C9995081F3449F5DC41 Amount of Each Receipt this Period 50.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PO Box 30660 of contributing ommittee. er urance Com- General cify) First, Middle Initial)	Occupation Manager Aggregate	48909-8160 on r-Project Research & Coorde Year-to-Date ▼ 300.00	Transaction ID: C9995081F3449F5DC41 Amount of Each Receipt this Period 50.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
of contributing committee. er urance Com- General cify) First, Middle Initial)	Occupation Manager Aggregate	48909-8160 on r-Project Research & Coorde Year-to-Date ▼ 300.00	Date of Receipt Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ommittee. er urance Com- General cify) ▼ First, Middle Initial)	Occupation Manager Aggregate	48909-8160 on r-Project Research & Coorde Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 50.00 dinatio Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ommittee. er urance Com- General cify) ▼ First, Middle Initial)	Occupation Manager Aggregate State	r-Project Research & Coord e Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General cify) ▼ First, Middle Initial)	Manager Aggregate State	r-Project Research & Coord e Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1		Zip Code	0 6 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Zip Code	
	N/I		
	IVII	48909-8160	Amount of Each Receipt this Period
of contributing ommittee.	C		50.00
er urance Com-		r-Project Research & Coord	dinatio
General cify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
First, Middle Initial)	I		Date of Receipt
PO Box 708			0 6 2 9 2 0 1 0
	State MN	Zip Code 55943-0708	Transaction ID: C07A00530AD3DE7614C
of contributing ommittee.	C	33943-0706	Amount of Each Receipt this Period 250.00
er utual Insu-	Director		
General cify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
			350.00
	ommittee. or utual Insu-	of contributing ommittee. C	of contributing ommittee. C C C C C C C C C C C C C C C C C C C

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 56 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General	, '	ident, Human Resources Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 3420ED4671F852DE5E/ Amount of Each Receipt this Period 38.47
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Bryan Gilleland Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee.	State MI	Zip Code 48787-0001	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bryan Gilleland	, '	ident, Human Resources Year-to-Date ▼ 538.58	Date of Receipt
.	Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	, '	Zip Code 48787-0001 ident, Human Resources Year-to-Date 538.58	Transaction ID: CC1E788880AE9710325 Amount of Each Receipt this Period 38.47
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	115.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 56 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any pers he name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) F. Timothy Hegarty, Jr., CPCU Mailing Address 222 Ames Street City Dedham FEC ID number of contributing federal political committee. Name of Employer Norfolk & Dedham Mutual Fire Insurance Receipt For: Primary General Other (specify)	State Zip Code MA 02026-1850 C Occupation President & CEO Aggregate Year-to-Date 1279.32	Date of Receipt M M / D D / Y Y Y Y Y O 6 2 2 1 2 0 1 0 Transaction ID: 10BE6E3D297240C6BC Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Senior Vice President Aggregate Year-to-Date 1077.02	Date of Receipt M M
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Senior Vice President Aggregate Year-to-Date 1077.02	Date of Receipt M M M D D D D D D D D D D D D D D D D
SUBTOTAL of Receipts This Page (optional)		193.86

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 56 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Association of Mutual Ins	and Statements may not be sold or used by any persong the name and address of any political committee to surance Companies PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenu	ie	Date of Receipt
0.1	0) d	06 24 2010
City <u>Frankenmuth</u>	State Zip Code MI 48787-0001	Transaction ID: EAE1FD69585DB005B Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.93
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1077.02	
Full Name (Last, First, Middle Initial) Timothy Hyle		Date of Receipt
Mailing Address One Preferred Wa	у	0 6 0 8 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 98B2729FA2E75AFF98
New Berlin FEC ID number of contributing federal political committee.	NY 13411-1800	Amount of Each Receipt this Period 40.00
Name of Employer Preferred Mutual Insurance Company	Occupation Corporate Controller	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Leroy Kohlmeyer		Date of Receipt
Mailing Address PO Box 708		06 29 2010
City Houston	State Zip Code MN 55943-0708	Transaction ID: 2A40783F51181A5BB3 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mound Prairie Mutual Insu- rance Company	Occupation Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	366.93

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar	name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Jo Ann M. Kuschel, PFMM Mailing Address 545 Harold Meyer Driv City New Haven FEC ID number of contributing federal political committee. Name of Employer Boeuf & Berger Mutual Insurance Compan Receipt For: Primary General Other (specify)	State MO C Occupation Secretar	Zip Code 63068-1253 on y/Treasurer/ Manager e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) John F. Marazzo Mailing Address One Commerce Squar 2005 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify)	State PA C Occupation Director	Zip Code 19103-7008 on of Accounting e Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Diane Marshall Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State MI C Occupation Manager Aggregate		Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura		rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Diane Marshall Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Manager Aggregate Year-to-Date 300.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Phil McCain Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, IT Aggregate Year-to-Date 538.58	Date of Receipt M M
Full Name (Last, First, Middle Initial) Phil McCain Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Vice President, IT Aggregate Year-to-Date 538.58	Date of Receipt M M M / D D D / Y Y Y Y Y O 6 10 2010 Transaction ID: 273A6C89B83A6B58827 Amount of Each Receipt this Period 38.47
SUBTOTAL of Receipts This Page (optional)		126.94

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13		: PAGE	12 16 17
or for commercial NAME OF CO	ppied from such Reports and purposes, other than using t MMITTEE (In Full) sociation of Mutual Insur	he name and ad	y not be sold or used by any pers dress of any political committee to nies PAC	on for the purp	ose of soli outions from	citina contr	ibutions
A. Phil McCain Mailing Addres City Frankenmutl	er of contributing committee.		Zip Code 48787-0001 on sident, IT e Year-to-Date ▼ 538.58	0 6	2 4 ction ID: F	4	Y Y Y Y 2 0 1 0 EBA90EAA0E Period 38.47
Brian S. McLeor Mailing Addres City Frankenmutl	er of contributing committee.	_ , '	Zip Code 48787-0001 on sident, Secretary & Treasure e Year-to-Date ▼ 538.44	Transac Amount	ction ID: 2	7	Y Y Y 2 0 1 0 86B21A64A2 Period 38.46
Mailing Addres City Frankenmutl	or of contributing committee.	''	Zip Code 48787-0001 n sident, Secretary & Treasure e Year-to-Date ▼ 538.44	Transac Amount	1 (ction ID: 9) .	94BCA37126 Period 38.46
SUBTOTAL of R	eceipts This Page (optional)						115.39

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Brian S. McLeod Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General	State MI C Occupation Vice Pre	Zip Code 48787-0001 on sident, Secretary & Treasure e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: A22611F2268C89A1205 Amount of Each Receipt this Period 38.46
- В.	Other (specify) Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C Street Northwes Suite 540 City Washington FEC ID number of contributing federal political committee.	State DC C	Zip Code 20001-2102	Date of Receipt M M J D D Z O 1 0 Transaction ID: 2FCA8D7309E104E8F2 Amount of Each Receipt this Period 20.00
_ C.	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C Street Northwes	Senior D Aggregate	irector - Federal Affairs e Year-to-Date ▼ 240.00	Date of Receipt
	Suite 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 20001-2102 on Director - Federal Affairs e Year-to-Date ▼ 240.00	Transaction ID: F0594FE9546E4EB92B Amount of Each Receipt this Period 20.00
	SUBTOTAL of Receipts This Page (optional)			78.46

Indianapolis	SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. David Middleton Mailling Address Box 68700 City State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Other (specify) ▼	Full Name (Last, First, Middle Initial) David Middleton Mailing Address Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For:	State IN C Occupation Controlled	Zip Code 46268-0700	Transaction ID: 18854A95A1C5330316B Amount of Each Receipt this Period
City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ CITY State Zip Code Amount of Each Receipt this Period Pall Name (Last, First, Middle Initial) Controller Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 7049DD641FD206. Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: 18 2 0 1 0 Transaction ID: 7049DD641FD206. Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Other (specify) Full Name (Last, First, Middle Initial) David Middleton			-
Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Katherine Noirot Mailing Address PO Box 30660 City State Zip Code Lansing MI 48909-8160 FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Controller Aggregate Year-to-Date ▼ Date of Receipt M M M O O O Explore Transaction ID: 1B22A1AC6585B2 Amount of Each Receipt this Period 40.00	City Indianapolis FEC ID number of contributing	IN	•	Transaction ID: 7049DD641FD206AEDDE Amount of Each Receipt this Period
C. Katherine Noirot Mailing Address PO Box 30660 City State Zip Code Lansing MI 48909-8160 FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Mutual Insuran Receipt For: Primary General	Controlle	er e Year-to-Date ▼	
FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Adv.00 Adv.00 Adv.00 Adv.00 Adv.00	C. Katherine Noirot Mailing Address PO Box 30660 City		Zip Code	M M / D D / Y Y Y Y
Auto-Owner's Insurance Company Receipt For: Primary General Senior Vice President, Personal Lines Aggregate Year-to-Date	FEC ID number of contributing		48909-8160	
	pany Receipt For: Primary General	Senior V	ice President, Personal Lines e Year-to-Date ▼]
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (option	al)		80.00

ITEMIZED REC	(FEC Form 3X) EEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER y one) 11b 14	R: PAGE 28/56 11c 12 15 16 11
or for commercial purp	oses, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purp	ose of sol	iciting contributions
National Associa	lion of Mulual Insuran	ce Compan	ies PAC			
Full Name (Last, Fir Sandra G. Parrillo	•			Date of	Receipt	
Mailing Address 3	Robin Way			м м 0 6	/ D 0	4 2010
City		State	Zip Code	Transa	ction ID:	E37CAEA5-66A1-4C3
North Smithfield		RI	02896	Amoun	t of Each F	Receipt this Period
FEC ID number of of federal political com		C				2500.00
Name of Employer Providence Mutual	Fire In-	Occupation President				
surance Compa Receipt For:		_	Year-to-Date ▼			
Primary Other (specify	General) ▼	riggregate	2500.00			
Full Name (Last, Fir	st, Middle Initial)			Date of	Receipt	
Mailing Address 3	601 Vincennes Road			м м 0 6	/ D 1	
City		State	Zip Code	Transa	ction ID:	C8F24D780216611B1
<u>Indianapolis</u>		IN	46268-1154	Amoun	t of Each F	Receipt this Period
FEC ID number of of federal political com		C				20.00
Name of Employer National Association Mutual Insuran	n of	Occupation Director -	n Public Policy Research			
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 240.00			
Full Name (Last, Fir	st, Middle Initial)			Date of	Receipt	
	601 Vincennes Road			M M 0 6		
City		State	Zip Code	Transa	ction ID:	80CEAB2F3C79C2CE
Indianapolis		IN	46268-1154	Amoun	t of Each F	Receipt this Period
FEC ID number of of federal political com		С				20.00
Name of Employer National Association Mutual Insuran	n of	Occupation Director -	n Public Policy Research			
Receipt For:			Year-to-Date ▼			
Primary Other (specify	General) ▼	0 0	240.00			
SUBTOTAL of Receip					•	2540.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 56 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) National Association of Mutual Ir	and Statements may not be sold or used by any persing the name and address of any political committee to a surrance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gerald L. Roach, CPCU, FLMI Mailing Address PO Box 6927 City Richmond FEC ID number of contributing federal political committee. Name of Employer Mutual Assurance Society of Virginia Receipt For: Primary General Other (specify)	State Zip Code VA 23230-0927 C Occupation President Aggregate Year-to-Date 1360.00	Date of Receipt M M M D D D 2010 Transaction ID: B153871A2F6097E98CA Amount of Each Receipt this Period 230.00
Full Name (Last, First, Middle Initial) Rodney J. Rupp Mailing Address 6101 Anacapri B City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	Occupation Executive Vice President Aggregate Year-to-Date State Zip Code MI 48917-3968 C Occupation Executive Vice President 360.00	Date of Receipt M M M / D D D 28 / 2010 Transaction ID: DF2E2BA822AB0D951C Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initial) Rodney J. Rupp Mailing Address 6101 Anacapri B City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48917-3968 C Occupation Executive Vice President Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	onal)	350.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 56 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	he name and add	ress of any political committee to	on for the purpose of soliciting contributions
∠ \ .	Full Name (Last, First, Middle Initial) Timothy B. Salge Mailing Address 309 East San Antonio	o Street		Date of Receipt 0 5 2 4 2 0 1 0
	City	State	Zip Code	Transaction ID: E344B7FBFB1B76336E
	New Braunfels	TX	78130-4537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Farmers Mutual Fire Insur- ance Associat Receipt For: Primary General Other (specify) ▼	_, .	/General Manager Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Kenneth Schroeder			Date of Receipt
	Mailing Address PO Box 30660			06 28 2010
	City	State	Zip Code	Transaction ID: 4B917BDDDFE72B5BB9
	Lansing	MI	48909-8160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Auto-Owners Insurance Com- pany	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Richard Schumacher, PFMM Mailing Address PO Box 168	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 097C3E43CAEFA530D5
	Hartley	IA	51346-0168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Century Mutual Insurance Association		/Treasurer/CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			540.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Kristen Sizelove Mailing Address PO Box 68700 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-0700	Amount of Each Receipt this Period 20.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		t Vice President - Member So e Year-to-Date ▼ 240.00	erv
В.	Full Name (Last, First, Middle Initial) Kristen Sizelove Mailing Address PO Box 68700			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5D18FE4E40CEFCA65CE
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		n t Vice President - Member Se e Year-to-Date ▼ 240.00	erv
С.	Full Name (Last, First, Middle Initial) Geoffrey Smith Mailing Address One Preferred Way	<u> </u>		Date of Receipt
				06 14 2010
	City <u>New Berlin</u>	State NY	Zip Code 13411-1800	Transaction ID: 76A996D01C696F41183
	FEC ID number of contributing federal political committee.	C	13411-1000	Amount of Each Receipt this Period 250.00
	Name of Employer Preferred Mutual Insurance Company Receipt For:	Occupation Director	n e Year-to-Date ▼	
	Primary General Other (specify) ▼	7.991.09dtt	250.00	
	SUBTOTAL of Receipts This Page (optional) .			290.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 56 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any pers the name and address of any political committee to trance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John K. Smith, CRM, CIC, Mailing Address One Commerce Sque 2005 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Pennsylvania Lumbermens Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code PA 19103-7008 C Occupation President & CEO Aggregate Year-to-Date 625.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 2 2 0 1 0 Transaction ID: E098411D7B19DB6FD2E Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Paul O. Stillman Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800 C Occupation Vice Chairman of the Board Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 56E51AEB9518BB3055F Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Tim F. Sullivan, RPLU Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Claims Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 6DFF3CDCBB90D9F6C9 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional	l)	420.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insur	d Statements may not be sold or used by any persthe name and address of any political committee	
/	rance Companies PAC	
Full Name (Last, First, Middle Initial) Tim F. Sullivan, RPLU Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President - Claims Aggregate Year-to-Date 240.00	Date of Receipt M M D D D Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jeffrey Tagsold Mailing Address PO Box 100045		Date of Receipt 0 5 2 8 2 0 1 0
City	State Zip Code	Transaction ID: C200B17C703D98DE2
Duluth	GA 30096-9345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	Occupation Senior Vice President, Actuarial Aggregate Year-to-Date ▼ 360.00	7
Full Name (Last, First, Middle Initial)		
Jeffrey Tagsold Mailing Address PO Box 100045		Date of Receipt Date of Receipt
City	State Zip Code	Transaction ID: 1909710CEAA3EF2B0
Duluth	GA 30096-9345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation Senior Vice President, Actuarial	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	140.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 56 (check only one) X 11a
or for	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) ational Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Property Management	ull Name (Last, First, Middle Initial) aul Tetrault ailing Address PO Box 68700 ty dianapolis EC ID number of contributing deral political committee. ame of Employer ational Association of utual Insuran eccipt For: Primary General Other (specify)		Zip Code 46268-0700 on fairs Manager/Northeast Reg e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: FDE631DE01515650032 Amount of Each Receipt this Period 20.00
B. Property Missing Mi	ull Name (Last, First, Middle Initial) aul Tetrault ailing Address PO Box 68700	, '	Zip Code 46268-0700 on fairs Manager/Northeast Reg	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. Di Mi Ci Li FE fe Ni Au pa	Other (specify) Ill Name (Last, First, Middle Initial) aniel J. Thelen alling Address PO Box 30660 Ity ansing EC ID number of contributing deral political committee. ame of Employer uto-Owners Insurance Comany eccipt For: Primary General Other (specify) Other (specify)		Zip Code 48909-8160 In Human Resources e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUB	TOTAL of Receipts This Page (optional) .			80.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar	e name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		Zip Code 46268-0700 n t Vice President - State Affa e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 2A03D551DC4B0D9AC1E Amount of Each Receipt this Period 20.00
В.	Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	1	Zip Code 46268-0700 n t Vice President - State Affa e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AAC4DE424E1CF1C4A3E Amount of Each Receipt this Period 20.00
_ C.	Full Name (Last, First, Middle Initial) Bruce D. Thomas, PFMM Mailing Address 409 Kenyon Road City Fort Dodge FEC ID number of contributing federal political committee. Name of Employer Heartland Mutual Insurance Association Receipt For: Primary General Other (specify)	State IA C Occupation Presiden Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 37210696742BB192C21 Amount of Each Receipt this Period 100.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			140.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 36 / 56 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insur	he name and address o	of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bruce D. Thomas, PFMM Mailing Address 409 Kenyon Road City Fort Dodge FEC ID number of contributing federal political committee. Name of Employer Heartland Mutual Insurance Association Receipt For: Primary General			Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 13991BBE9A1F05ED99 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For:	MI 4	ip Code 8787-0001	Date of Receipt M M M
Primary General Other (specify) Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee.	MI 4	546.00 ip Code 8787-0001	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-	546.00	178.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Randall Trinklein Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48787-0001 In sident of Administration E Year-to-Date ▼ 546.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: BB6037D89F95E74A1E Amount of Each Receipt this Period 39.00
	Full Name (Last, First, Middle Initial) Robert A. Wadsworth, CIC,CPCU Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State NY C Occupation Chairma Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: D285724DDD6090E191 Amount of Each Receipt this Period 1000.00
_	Full Name (Last, First, Middle Initial) James J. Walsh, Jr. Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)		Zip Code 48909-8160 In sident-Claims E Year-to-Date ▼ 240.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 28 2010 Transaction ID: A0669CAC7F3AC9B37I Amount of Each Receipt this Period 40.00
	SUBTOTAL of Receipts This Page (optional)			1079.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Mutual Inst	urance Companies PAC	
Full Name (Last, First, Middle Initial) lan R. Ward		Date of Receipt
Mailing Address PO Box 30660		06 28 7 2010
City Lansing	State Zip Code MI 48909-8160	Transaction ID: E80D7F77F3C9239FEB Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation Senior Vice President, Investments a	ng
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Terry H. Wendorff, CPCU		Date of Receipt
Mailing Address PO Box 7988		05 28 2010
City Madison	State Zip Code WI 53707-7988	Transaction ID: 05CA8A67D58FA1BEAB
FEC ID number of contributing federal political committee.	C 35707-7900	Amount of Each Receipt this Period 500.00
Name of Employer Wisconsin Reinsurance Cor- poration	Occupation President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mark Wenger		Date of Receipt
Mailing Address PO Box 30660		05 28 2010
City	State Zip Code	Transaction ID: 8F886A3385C65586CA
Lansing FEC ID number of contributing federal political committee.	MI 48909-8160	Amount of Each Receipt this Period 42.00
Name of Employer Auto-Owners Insurance Company	Occupation Actuary	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
		582.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 56 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any persite name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Wenger Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48909-8160 C Occupation Actuary Aggregate Year-to-Date 252.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 28 2010 Transaction ID: 1AD79DC1F45ADF421 Amount of Each Receipt this Period 42.00
Full Name (Last, First, Middle Initial) James W. Wilds, CPCU, ARM, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Senior Vice President Aggregate Year-to-Date 559.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James W. Wilds, CPCU, ARM, Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code MI 48787-0001 C Occupation Senior Vice President Aggregate Year-to-Date 559.00	Date of Receipt M M / D D / Y Y Y Y Y O 6 10 2010 Transaction ID: 1C61FCB5CC613BF12 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		122.00

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 40/56 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) James W. Wilds, CPCU, ARM, Date of Receipt Mailing Address One Mutual Avenue 06 24 2010 City State Zip Code Transaction ID: 7B115CD1C20EC1A3AED Frankenmuth MI 48787-0001 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Frankenmuth Mutual Insura-Occupation Senior Vice President nce Company Receipt For: Aggregate Year-to-Date General Primary 559.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	40.00
TOTAL This Period (last page this line number only)	<u> </u>	14659.57

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 56 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Stator for commercial purposes, other than using the na	ements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	e Companies PAC	
Full Name (Last, First, Middle Initial) Germania Farm Mutual Political Action Committee Mailing Address P.O. Box 645		Date of Receipt M M
City Brenham FEC ID number of contributing federal political committee.	State Zip Code TX 77834	Transaction ID: E3FDB494DB30F1CFCE5 Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	500.00

-	HEDULE B (FEC Form 3X)		Use separate schedule(s)		LINE	NUMBER	AGE 42/5	42 / 56		
ITEMIZED DISE	BURSEMENTS	for each	category of the Summary Page		21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any Information copied for for commercial purpos										_
NAME OF COMMIT National Associat	TEE (In Full) ion of Mutual Insuran	ce Companies	s PAC							
Full Name (Last, Firs Chase Bank	t, Middle Initial)						ction ID Disburs		123E8E8E	D9A08
Mailing Address	8751 N Michigan Roa	ad				0 5	/ D3	3 1 /	[°] 2010	Y
City Indianapolis		State IN	Zip Code 46268			Amoun	t of Each	Disburse	ement this P	eriod
Purpose of Disburse Bank Fees	ment			001					124.51	
Candidate Name Office Sought:	House Disk	oursement For:		Categoi Type	y/					
	Senate President	Primary Other (spe	General ecify) ▼							
State: Di Full Name (Last, Firs Chase Bank	strict: t, Middle Initial)						ction ID Disburs		30592BDD	D2CC
Mailing Address	Mailing Address 8751 N Michigan Road					06	/ D3	3 O /	[°] 2010	Y
City Indianapolis		State IN	Zip Code 46268			Amoun	t of Each	Disburs	ement this P	eriod
Purpose of Disburse Check stock	ment			001					109.82	
Candidate Name	1			Categor Type	ry/					
Office Sought: State:	House Disk Senate President strict:	oursement For: Primary Other (spe	General ▼							
Full Name (Last, Firs Chase Bank	t, Middle Initial)					Date of	Disburs	ement	55891E0 <i>A</i>	
Mailing Address	Mailing Address 8751 N Michigan Road					06	J / D 3	3 O /	žožo	Y
City Indianapolis		State IN	Zip Code 46268			Amoun	t of Each	Disburse	ement this P	eriod
Purpose of Disburse Bank Fees Candidate Name	ment			001					94.60	
	Hausa Diak	oursement For:		Categoi Type	'y/					
Office Sought:	Senate President	Primary Other (spe	General ccify) ▼							
	strict:								328.93	-
	ements This Page (optio					-	•	• • •		$\stackrel{\longrightarrow}{=}$
TOTAL This Period (la	st page this line number	only)				L			328.93	

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Adrian Smith for Congress Mailing Address 3321 Avenue I Suite 6 City State Zip Code Scottsbluff NE 69361 Purpose of Disbursement 2010 General Candidate Name Adrian M. Smith Office Sought: X House Senate Primary General Other (specify) State: NE District: 03 Full Name (Last, First, Middle Initial) Andre Carson for Congress Transaction ID: 45A09C8B1 Date of Disbursement	43 / 56
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Adrian Smith for Congress Mailing Address 3321 Avenue I Suite 6 City Purpose of Disbursement Candidate Name Adrian M. Smith Office Sought: State: NE District: 03 Full Name (Last, First, Middle Initial) Andre Carson for Congress Mailing Address PO Box 8508 City Purpose of Disbursement Candidate Name Andre Carson Office Sought: X House Purpose of Disbursement District: 07 Full Name (Last, First, Middle Initial) Andre Carson Office Sought: X House Purpose of Disbursement District: 03 Full Name (Last, First, Middle Initial) Andre Carson Office Sought: X House Purpose of Disbursement Candidate Name Andre Carson Office Sought: X House Purpose of Disbursement Candidate Name Andre Carson Office Sought: X House Purpose of Disbursement Candidate Name Andre Carson Office Sought: X House Purpose of Disbursement Candidate Name Andre Carson Office Sought: X House Purpose of Disbursement Candidate Name Andre Carson Office Sought: X House Purpose of Disbursement Cardidate Name Andre Carson Office Sought: X House Senate President State: NY District: 07 Full Name (Last, First, Middle Initial) Andre Carson Office Sought: X House Senate President Category/ Candidate Name Andre Carson Office Sought: X House Senate President Category/ Candidate Name NY 13505 Purpose of Disbursement Category/ Candidate Name NY 13505 Disbursement Office Sought: X House Purpose of Disbursement Candidate Name NY 13505 Date of Disbursement Office Sought: X House Senate President Category/ Candidate Name NY 13505 Date of Disbursement Office Sought: X House Senate President Category/ Candidate Name Andre Carson Office Sought: X House Senate President Candidate Name Andre Carson Office Sought: X House Senate President Candidate Name Andre Carson Office Sought: X House Senate President Category/ Category/ Candidate Name Andre Carson Office Sought: X House Senate President	25 <u>26</u> 29 <u>30</u>
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Adrian Smith for Congress Mailing Address 3321 Avenue I	
National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Adrian Smith for Congress Mailing Address 3221 Avenue I Suite 6 City Scottsbluff State Zip Code NE 69361 Purpose of Disbursement 2010 General Candidate Name Adrian M. Smith Office Sought: X House Senate Primary X General District: 03 Full Name (Last, First, Middle Initial) Andre Carson for Congress Mailing Address PO Box 1863 City State Zip Code IN 46206 City State IN 5625 City	
Adrian Smith for Congress Mailing Address 3321 Avenue I Suite 6 City Scottsbluff NE 69361 Purpose of Disbursement 2010 General Candidate Name Adrian M. Smith Office Sought: X House President State: NE District: 03 Full Name (Last, First, Middle Initial) Arcuri for Congress Mailing Address PO Box 8508 City In Ne Category' Type Disbursement For: 2010 Amount of Each Disbursement to 2010 Ceneral Candidate Name Address PO Box 8508 City State Zip Code In 1000 Amount of Each Disbursement to 2010 Ceneral Candidate Name Arcuri Other (specify) ▼ Transaction ID: 45A09C8B1 Date of Disbursement to 2010 Ceneral Candidate Name President State: IN District: 07 Full Name (Last, First, Middle Initial) Arcuri for Congress Mailing Address PO Box 8508 City State Zip Code In 1000 Ceneral Candidate Name President State: IN District: 07 Full Name (Last, First, Middle Initial) Arcuri for Congress Mailing Address PO Box 8508 City State Zip Code Disbursement To: 2010 Ceneral Candidate Name Ny 13505 Purpose of Disbursement Candidate Name Michael Angelo Arcuri Candidate Name Michael Angelo Arcuri General Condidate Name Michael Angelo Arcuri Candidate Name Michael Angelo Arcuri General Cother (specify) ▼ State: NY District: 24	
Mailing Address 3321 Avenue I Suite 6 City State Zip Code NE 69361 Purpose of Disbursement 2010 General Cardidate Name Adrian M. Smith Other (specify) ▼ Category/ Type Office Sought: X House Senate President Indianapolis Indianapolis Indianapolis Indianapolis Senate President State: IN District: 07 Full Name (Last, First, Middle Initial) Andre Carson for Congress Mailing Address PO Box 1863 City State Zip Code IN 46206 City Category/ Type Office Sought: X House Senate Primary General Primary General Category/ Type Office Sought: X House Senate President State: IN District: 07 Full Name (Last, First, Middle Initial) Andre Carson for Congress Mailing Address PO Box 8508 City Senate President State: IN District: 07 Full Name (Last, First, Middle Initial) Arcruri for Congress Mailing Address PO Box 8508 City State Zip Code Other (specify) ▼ Amount of Each Disbursement Initial) Arcruri for Congress Mailing Address PO Box 8508 City State Zip Code Other (specify) ▼ Amount of Each Disbursement Initial) Arcruri for Congress Mailing Address PO Box 8508 City State Zip Code Other (specify) ▼ Amount of Each Disbursement Initial) Arcruri for Congress Mailing Address PO Box 8508 City State Zip Code Other (specify) ▼ Amount of Each Disbursement Initial Arcruri For Congress Amount of Each Disbursement Initial Category/ Type Other (specify) ▼ Amount of Each Disbursement Initial Category/ Type Other (specify) ▼ Amount of Each Disbursement Initial Category/ Type Other (specify) ▼ Amount of Each Disbursement Initial Category/ Type Other (specify) ▼ Amount of Each Disbursement Initial Category/ Type Other (specify) ▼ Amount of Each Disbursement Initial Category/ Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	C7889AD
Admiling Address 3321 Avenue I Suite 6 City Scottsbluff	V V
Scottsbluff NE 69361 Purpose of Disbursement 2010 General Candidate Name Adrian M. Smith Office Sought:	010
Purpose of Disbursement 2010 General Candidate Name Adrian M. Smith Office Sought: X House Senate President State: NE District: 03 Full Name (Last, First, Middle Initial) Andre Carson for Congress Mailing Address PO Box 1863 City State Zip Code In In Indianapolis In 46206 Purpose of Disbursement Candidate Name Andre Carson Office Sought: X House Senate Primary A General Disbursement Tor: 2010 Other (specify) ▼ Transaction ID: 45A09C8B1 Date of Disbursement Office Sought: X House Senate President District: 07 Full Name (Last, First, Middle Initial) Arcuri for Congress Mailing Address PO Box 8508 City State Zip Code Other (specify) ▼ Transaction ID: E08C3BEB: Date of Disbursement Other (specify) ▼ Transaction ID: E08C3BEB: Date of Disbursement Office Sought: X House Senate President District: 24 Amount of Each Disbursement Office Sought: X House Senate NY 13505 Purpose of Disbursement District: 24 Disbursement Category/ Type Transaction ID: E08C3BEB: Date of Disbursement Office Sought: X House Senate Primary General Primary General President District: 24 Disbursement For: 2010 X Primary General Primary General Primary General President Disbursement Category/ Type Type Transaction ID: E08C3BEB: Date of Disbursement Disbursement District: 24	his Period
Cardidate Name Adrian M. Smith Office Sought:	0.00
Adrian M. Smith Office Sought:	
Senate Primary	
State: NE	
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Candidate Name Michele M. Bachmann			egory/ /pe							
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Mailing Address 1737 Spring Arbor Rd #	230			OME	3 M / C	15	/ L	ž 0 1	0	
City Jackson	State Zip Code MI 49203			Amo	ount of Eac	ch Dis	burse			d
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City Wilmington	State Zip Code DE 19899		Amount of Each Disbursement this Period
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Michael N. Castle		Type	
	ement For: 2010 Primary General		
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Charles Boustany Jr. Md for Congress, Inc.	Э.		Date of Disbursement
Mailing Address PO Box 80126			06
City Lafayette	State Zip Code LA 70598		Amount of Each Disbursement this Period
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Candidate Name Charles W. Boustany, Jr.	'	Category/ Type	
	ement For: 2010 Primary General		
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Christopher John Lee		Category/ Type	
	ement For: 2010 Primary General		
President State: NY District: 26	Other (specify)		
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Mailing Address PO Box 1444			06 / 23 /	2010	
City Ennis	State Zip Code TX 75120		Amount of Each Disburse	ement this Period	
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Candidate Name Joe L. Barton		Category/ Type			
	ement For: 2010				
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Crenshaw for Congress Campaign			Date of Disbursement		
Mailing Address 4963 Beach Boulevard Suite 1			06 / 23 /	žožoč	
City Jacksonville	State Zip Code FL 32207		Amount of Each Disburse	ement this Period	
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Dan Coats for Indiana			Date of Disbursement		
Mailing Address PO Box 301141			06 15	2010	
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2010 General		011			
Candidate Name Daniel R. Coats		Category/ Type			
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	y Information copied from such Reports and State or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address of any politica								
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	Full Name (Last, First, Middle Initial) Dan Coats for Indiana Mailing Address PO Box 301141						of Disburs	sement		B15D1AE
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	Full Name (Last, First, Middle Initial) Dreier for Congress Committee Mailing Address PO Box 505					Date	of Disburs			43596FE
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	Full Name (Last, First, Middle Initial) Duffy for Congress						of Disburs	sement		A6CAA79
	Mailing Address PO Box 186					0 6	M / D	0 4	ž	10
	City Ashland	State Zip Code WI 54806				Amou	unt of Eac	h Disbu		his Period
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	y Information copied from such Reportor commercial purposes, other than to NAME OF COMMITTEE (In Full)											
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r	Full Name (Last, First, Middle Initial) Freedom Project; the						D	ate of	Disbursen	nent	475A1E683	
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	Mailing Address PO Box 1909	<u> </u>						M 5 M	26) / N	Ž 0 1 0 °	
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	Candidate Name John D. Rockefeller, IV				Cate Ty	gory/ pe						
	Office Sought: House X Senate President State: WV District:		ment For: 201 Primary Ge Other (specify)	4 eneral								
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	Mailing Address PO Box 8205	604						5	26		2010	
	City Dallas		State Zip Cod TX 75382				A	mount	of Each D	isburse	ment this Pe	riod
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	Candidate Name Thomas Jeb Hensarling				Cate Ty	gory/ pe						
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<u></u>	Full Name (Last, First, Middle Initial) Friends of John Thune		Transaction ID: 8D7FE7C53CAC34D0 Date of Disbursement
	Mailing Address 200 North Phillips Avenu	e Ste L101	0 6 M / D 1 5 / Y 2 0 1 0 Y
	City Sioux Falls	State Zip Code SD 57104	Amount of Each Disbursement this Period
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	John R. Thune	Typ	· ·
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	y Information copied from such Reports and Stater for commercial purposes, other than using the named NAME OF COMMITTEE (In Full)							
Z	National Association of Mutual Insurance	Companies PAC						
	Full Name (Last, First, Middle Initial) Hoosiers for Hill				Date of Disburs	: 109E1784F4DCBF6D8 sement 2 6		
	Mailing Address PO Box 1071				0.5	26 2010		
	City Seymour	State Zip Code IN 47274			Amount of Each	n Disbursement this Period		
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	Candidate Name Baron P. Hill		Category Type	//				
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	Full Name (Last, First, Middle Initial) John Campbell for Congress				Date of Disburs			
	Mailing Address 4590 Macarthur Bouleva Suite 500	rd			06	23		
	City Newport Beach	State Zip Code CA 92660			Amount of Each	n Disbursement this Period		
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	Candidate Name John B. T. Campbell, III		Category Type	//				
	Office Sought: X House Senate President State: CA District: 48	ement For: 2010 Primary X General Other (specify)						
	Full Name (Last, First, Middle Initial) Kenny Marchant for Congress				Date of Disburs			
	Mailing Address PO Box 110187				06 / 0	23		
	City Carrollton	State Zip Code TX 75011			Amount of Eac	n Disbursement this Period		
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	Candidate Name Kenny Marchant		Category	//				
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Kevin McCarthy for Congress			Date of Disbursement
Mailing Address PO Box 12667			06 15 7 2010
City Bakersfield	State Zip Code CA 93389		Amount of Each Disbursement this Period
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Candidate Name Kevin McCarthy		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
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Full Name (Last, First, Middle Initial) Lance for Congress			Transaction ID: 6D9B261ED2F26B2 Date of Disbursement
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Candidate Name Leonard Lance		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		
State: NJ District: 07 Full Name (Last, First, Middle Initial)			
Linder for Congress			Transaction ID: 60F25FDF20C0EB0 Date of Disbursement
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City Duluth	State Zip Code GA 30096		Amount of Each Disbursement this Period
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Lucas for Congress			Date of Disbursement
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Candidate Name Frank D. Lucas	-	Category/ Type	
	ment For: 2010 Primary General Other (specify)		
State: OK District: 03			
Full Name (Last, First, Middle Initial) McHenry for Congress			Transaction ID: 638BD9DFD89D0CD Date of Disbursement
Mailing Address PO Box 1406			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
•	State Zip Code NC 28603		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General		011	1000.00
Candidate Name Patrick Timothy McHenry		Category/ Type	
Office Sought: X House Senate President State: NC District: 10	ment For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee			Transaction ID: 03C18A1DF6B696E9 Date of Disbursement
Mailing Address PO Box 54175			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	State Zip Code TX 79453		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General		011	1000.00
Candidate Name Randy Neugebauer] 7	Category/ Type	
	ment For: 2010 Primary X General Other (specify)	туре	
State: TX District: 19	• • • • • •		
-			4000.00

CHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: (check only one)				PAGE 54 / 56			
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l È	21b 27	22 X 28a	23 28b	24 28c	25 29		26 30	
ny Information copied from such Reports and State for commercial purposes, other than using the nan										
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	Companies PAC									
Full Name (Last, First, Middle Initial) Olson for Congress Committee					sburseme				 350	
Mailing Address PO Box 16381				06	23	/ Y	ž 0 1	0 ^Y		
City Sugar Land	State Zip Code TX 77496			Amount o	Each Dis	bursem	ent this	Perio	d	
Purpose of Disbursement 2010 General		01	1	L			2000.0	0		
Candidate Name Pete Olson		Cate Typ								
Office Sought: X House Senate President State: TX District: 22	ement For: 2010 Primary X General Other (specify) ▼									
Full Name (Last, First, Middle Initial) Scalise for Congress				Transacti Date of Di	on ID: B		9DECF	0A2	.003	
Mailing Address PO Box 23219 Suite 301				06	23	/ Y	ž 0 1	0 ^Y		
City Jefferson	State Zip Code LA 70183			Amount o	Each Dis	bursem	ent this	Perio	nd	
Purpose of Disbursement 2010 Primary		01	1	<u> </u>			2000.0	0		
Candidate Name Stephen J. Scalise		Cate Typ								
· —	ement For: 2010 Primary General Other (specify)									
Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress				Transacti Date of D			1A688	E004	465	
Mailing Address PO Box 11519				05	^D 26	/ Y	ž 0 1	0 ^Y		
City Charleston	State Zip Code WV 25339			Amount o	Each Dis	bursem	ent this	Perio	od .	
Purpose of Disbursement 2010 General		01	1	L			2000.0	0		
Candidate Name Shelley Moore Capito		Cate Typ								
Office Sought: X House Disburs Senate President State: WV District: 02	ement For: 2010 Primary X General Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optional)			<u> </u>			6	0.000	0		
FOTAL This Period (last page this line number only	1								\neg	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE (check only	NUMBER: PAGE 55 / 56
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	··		
Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for South Da	kota		Transaction ID: 01414916801428E Date of Disbursement
Mailing Address PO Box 2009			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} & \begin{smallmatrix} M \\ D \end{smallmatrix} & \begin{smallmatrix} D \end{smallmatrix} & \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{smallmatrix} D \end{smallmatrix} & \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{smallmatrix} $
City Sioux Falls	State Zip Code SD 57101		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 Primary Candidate Name		011	2000.00
Stephanie M. Herseth Sandlin		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify)		
State: SD District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 604583D23172014
Texans for Lamar Smith			Date of Disbursement
Mailing Address PO Box 6155			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} D \\ D \end{smallmatrix} & \begin{bmatrix} V \\ D \end{smallmatrix} & \begin{bmatrix} V$
City San Antonio	State Zip Code TX 78209		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 General		011	2000.00
Candidate Name Lamar Smith		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify) ▼		
State: TX District: 21 Full Name (Last, First, Middle Initial)			Transaction ID: 3F84484E0D6AA5
Wally Herger for Congress Committee			Date of Disbursement
Mailing Address PO Box 1007			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ C \end{smallmatrix} & \begin{bmatrix} D \\ C \end{smallmatrix} & \begin{bmatrix} C \\ $
City Willows	State Zip Code CA 95988		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 General		011	1000.00
Candidate Name Walter Herger, Jr.		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify) ▼	•	
State: CA District: 02			
SUBTOTAL of Disbursements This Page (optional	l))	5000.00
TOTAL This Period (last page this line number on			69500.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	101112 - 111
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b X 28c 29 30b
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na	•	, , ,	
NAME OF COMMITTEE (In Full)			
National Association of Mutual Insuranc	e Companies PAC		
Full Name (Last, First, Middle Initial)			Transaction ID: 6D94E0C566B4EC51AC
Germania Farm Mutual Political Action (Committee		Date of Disbursement
Mailing Address P.O. Box 645			06 06 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Brenham	State Zip Code TX 77834		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution	Γ	010	500.00
Candidate Name		Category/ Type	
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	—	500.00